

EMAIL



FORM  
ORG  
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

'13 MAY 21 P2:38

REPORT YEAR: 2013 ☐ Amended Statement

STATE OF HAWAII  
STATE ETHICS COMMISSION

For Lobbying Reporting Period: ☒ January 1 - last day of February ☐ March 1 - April 30 ☐ May 1 - December 31

ORGANIZATION INFORMATION

SVO PACIFIC, INC.

Organization Name

ROBIN L. SUAREZ

Contact Person

C/O STARWOOD VACATION OWNERSHIP, INC.

9002 SAN MARCO COURT

Mailing Address (Number and Street or P.O. Box)

ORLANDO

FL

32819

City

State

Zip Code

(407) 418-7149

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials.....1	
2 Media Advertising.....2	
3 Postage.....3	
4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) List the names of all lobbyists and compensation paid to lobbyists during the statement period	
Lobbyist Name	Compensation Paid
A. CHARLES E. PEAR, JR.	A. 1,783.00
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s).....G.	
Add lines A through G.....Total Compensation Paid ▶ 4	1,783.00
5 Fees Paid to Consultants (other than to Lobbyists).....5	
6 Entertainment & Events.....6	
7 Receptions, Meals, Food & Beverages.....7	
8 Gifts.....8	
9 Loans.....9	
10 Other Disbursements.....10	
Add lines 1 through 10.....Total Expenditures ▶	1,783.00

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation            |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        |   |

**AUTHORIZED PERSON**

ROBIN L. SUAREZ

VICE PRESIDENT

Print Name of Authorized Person (First M.I. Last)

Title

Date (m/d/yyyy) 5/21/13

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.